

# Evaluation/Management (E&M) Selection

## Effective Jan. 1, 2023

- **E&M selection based on:**
  - **(1) Medical decision-making OR**
    - Based on:
      - **number and complexity of problems addressed**
      - Amount and/or complexity of **data** to be reviewed and analyzed
      - **Risk** of complications and/or morbidity or mortality of patient management
    - Office/Outpatient E&M services (99202 - 99215)
      - **Straight Forward (99202-99212) - need 2 out of 3 of the following:**
        - 1 self-limited or minor problem
        - minimal complexity
        - minimal risk
      - **Low (99203-99213) - need 2 out of 3 of the following:**
        - 2 or more self-limited or minor problems OR
        - 1 stable chronic illness OR
        - 1 acute, uncomplicated illness or injury
      - **Moderate (99204-99214)**
        - 1 or more chronic illnesses with exacerbation, progression OR
        - side effects of illnesses OR
        - 2 or more stable chronic illnesses OR
        - 1 undiagnosed new problem with uncertain prognosis OR
        - 1 acute illness with systemic symptoms OR
        - 1 acute complicated injury
      - **High (99205 - 99215)**

- **(2) Total time with the patient**
  - total time spent on the *day of the encounter* by the physician
    - includes BOTH face-to-face and non face-to-face time
  - **New Patients**
    - CPT 99202 - 15-29 minutes
    - CPT 99203 - 30-44 minutes
    - CPT 99204 - 45-59 minutes
    - CPT 99205 - 60-74 minutes
  - **Established Patients**
    - CPT 99212 - 10-19 minutes
    - CPT 99213 - 20-29 minutes
    - CPT 99214 - 30-39 minutes
    - CPT 99215 - 40-54 minutes
- **Initial Hospital Inpatient/Observation E&M (99221-99223)**
  - CPT 99221
    - Straightforward/low (40 minutes)
  - CPT 99222
    - Moderate (55 minutes)
  - CPT 99223
    - High (75 minutes)
- **Subsequent Hospital Inpatient/Observation E&M (99231-99233)**
  - CPT 99231
    - Straightforward or low (25 minutes)
  - CPT 99232
    - Moderate (35 minutes)
  - CPT 99233
    - High (50 minutes)

## Level of Medical Decision Making (MDM)

Revisions effective January 1, 2023 are noted in **red text**



Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
		Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
N/A	N/A	*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	
<b>Straightforward</b>	<b>Minimal</b> • 1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
<b>Low</b>	<b>Low</b> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury or • 1 stable acute illness; or • acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	<b>Limited</b> (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1: Tests and documents</b> • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk of morbidity from additional diagnostic testing or treatment</b>
<b>Moderate</b>	<b>Moderate</b> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	<b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>Moderate risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
<b>High</b>	<b>High</b> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	<b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories) <b>Category 1: Tests, documents, or independent historian(s)</b> • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or <b>Category 2: Independent interpretation of tests</b> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or <b>Category 3: Discussion of management or test interpretation</b> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	<b>High risk of morbidity from additional diagnostic testing or treatment</b>  <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances